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ABSTRACT

This paper recognizes murder as a major cause of mortality among adolescents and young adults and addresses the need for research examining the effects of murder on the victim's surviving family members. The information contained in this report was obtained from surveys completed by 237 members of the Parents of Murdered Children support group. The scope of the problem of murder in our society is presented and a brief summary of the victim characteristics and murder scenarios common to this investigation is provided. The primary focus of this report is on the psychological sequelae typically experienced by parents whose children have been murdered. It is noted that the symptoms and reactions of these parents failed to conform fully to currently existent models of grief and mourning, but more closely approximated symptoms cited as criteria for Post-Traumatic Stress Disorder (PTSD). Ten symptoms and reactions of PTSD reported by the parents are listed and examples are given for each symptom. The socioenvironmental factors which serve to compound the traumas and impede the recovery of these surviving parents are also discussed. (NRB)

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SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER AMONG SURVIVING PARENTS OF CHILD HOMICIDE VICTIMS

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SIGNS AND SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER AMONG SURVIVING PARENTS OF CHILD HOMICIDE VICTIMS

Murder, a crime of increasing concern in contemporary American Society, has been defined by Webster (1966, p. 267) as "the unlawful and malicious or premeditated killing of one human being by another". Although F.B.I. Uniform Crime Reports (1982, p. 7 and iii) reflect a seven percent decrease in the number of reported homicide deaths for 1982, as well as an associated decline in other crime index offenses, this development is being viewed with "cautious optimism" by members of the law enforcement community who are attempting to determine if this decrease signifies the beginning of a trend, or merely constitutes a transitory phenomena, much like the two brief downturns in the number of reported crime index offenses, noted almost a decade ago.

Scope of the Problem

In spite of this reduction in the number of reported homicides for 1981, murder remains the leading cause of death for black males between the ages of 15 and 44, and for black females between the ages of 15 and 24 (U.S. Department of Health and Human Services, Bureau of Health Statistics, 1980). Murder also constitutes the second leading cause of death for white males, and the third leading cause of death for white females, in the 15 - 24 year old age group. Of the fifteen leading causes of death cited by the U.S. Department of Health and Human Services, Bureau of Health Statistics (1980), for blacks and whites, males and females, between the ages of 5 and 44; homicide ranks consistently among the upper third.

Given the fact that murder represents a major cause of mortality which targets adolescent and young adult members of our society, it seems

almost incomprehensible that research focusing on the effects of this type of bereavement upon surviving family members, especially parents, has been virtually non-existent. This gap in the research literature has seriously impeded our understanding of the dynamics of this type of sudden, traumatic death upon the mental health of surviving family members, and also, the efforts of clinicians and victim service personnel seeking to intervene effectively in such situations.

Overview of the Research Study

In an effort to address this gap, a study (doctoral dissertation) was conducted at Temple University (in Philadelphia, Pennsylvania) which surveyed 331 members of the Parents of Murdered Children support group, drawn from 13 affiliate chapters, encompassing eleven states of the union. A survey instrument was developed which included three major areas of data collection (i.e., background/demographic data, murder data, and civil/criminal court system data), as well as two existing, standardized inventories (i.e., Texas Inventory of Grieving and Life Events Inventory). Of these 331 questionnaires, a total of 237 (75.5%) were completed and returned.

Although this paper will focus primarily upon the psychological sequelae typically experienced by parents whose children have been murdered; a brief summary of the victim characteristics and murder scenarios common to this investigation, as well as the various socio-environmental factors which compound parental response patterns to this type of loss, has been included because it is believed that these provide a useful context in which the reactions of these surviving parents may be examined.

Victim Data

The highest percentage of the victims in this study: (1) were white (N = 220; 92.8%); (2) were male (N = 146; 61.8%); (3) were murdered by persons who were both, total strangers to themselves, as well as their

surviving parents; (4) were killed by firearms; (5) were murdered in a variety of "other locations" (e.g., parking lots, car dealerships, fast food restaurants, places of employment, etc.); (6) and, had a mean age of 22.1 years. Additionally, it should be noted that the term "child", as used in this investigation, denotes the relationship between the victim and the respondent, rather than, the victim's chronological age at the time of his/her death.

Post-Traumatic Stress Symptomology

In reviewing the symptoms/reactions reported by these surviving parents, an unstated hypothesis of this investigator gained increasing support; namely, that such symptoms/reactions would fail to conform fully to any currently existent models of grief and mourning, but rather, would more closely approximate those cited in the Diagnostic and Statistical Manual of Mental Disorders' (DSM III), Third Edition (American Psychiatric Association, 1980, pp. 236-238), criteria for Post-Traumatic Stress Disorder, Chronic Type. This speculation seemed highly plausible, in view of the atypical nature of this stressor, its potential for causing significant symptoms of distress in almost anyone; and, its departure from both ordinary human experience and simple bereavement. In additon, the protracted course (i.e, 2 - 5 years) of these symptoms/reactions seemed completely consistent with the DSM III's (1980, p. 236) assertion that "the symptoms appear to be more severe and long-lasting when the stressor is one of human design". It should be noted, however, that although these respondents reported symptoms of post-traumatic stress disorder with sufficient frequency to meet the specified diagnostic criteria, some variations in these criteria were observed. For example, none of the respondents in this sample group reported "suddenly acting or feeling as if the traumatic event were reoccurring because of an association with an environmental or ideational stimulus"; however,

none of them were actually present at the time that their children were murdered. (American Psychiatric Association, 1980, pp. 236 - 238). Thus, in discussing these symptoms/reactions, it is useful to bear in mind that the normative data upon which this disorder was defined, were obtained from individuals who themselves had actually experienced some type of non-normative stressor (e.g., airplane crash, war, death camp, etc.), and not, individuals whose significant others had endured such events.

Symptoms/reactions of Post-Traumatic Stress Disorders reported by the respondents in this investigation included:

1. Recurrent and Instrusive Recollections of the Event - Respondents in this sample group frequently reported recurrent, intrusive thoughts of their child's murder, which most often reflected their concern with the degree of brutality or suffering associated with their child's death. (Comments illustrative of such intrusive thoughts included: "Times are better if I am busy and not alone, otherwise, I cannot turn off my thoughts"; and, "I am still unable to remove the unpleasantness of my child's murder from my mind.")
2. Recurrent Dreams of the Event - Respondents in this sample group reported recurrent dreams following their child's murder, specific to four major themes: (a) wish fulfillment dreams (in which the child was seen as alive and well); (b) some effort on their part to warn their child of the impending threat to his/her survival, which was in some way thwarted; (c) some effort on their part to physically intervene on their child's behalf, which again, was in some way thwarted; and (d) some particularly painful aspect of their experience (e.g., receiving notification of the murder, identifying their child's body, etc.)

which continued to cause feelings of distress for them.

3. Markedly Dimished Interest in One or More Significant Activities - Respondents in this sample group frequently reported a significant reduction in their interest in one or more, previously significant, life activities. (Comment illustrative of such reactions included: "Once a devout church-goer , I rarely attend services anymore." nd, "After the murder, I lost all interest in my job.")

4. Feelings of Detachment or Estrangement from Others - Respondents in this sample group often reported feelings of detachment, estrangement, and alienation following their child's murder. (Comments illustrative of such feelings included: "I always feel like I am on the outside looking in" and, "I feel removed from my friends and co-workers because they have no concept of such a cruel experience.")

5. Constricted Affect - Almost all of the respondents in this sample group reported feelings of "psychic numbness" or "emotional anesthesia" following their child's murder. In addition, many of these surviving parents reported a prolonged inability to feel emotions of any type, or varying degrees of constricted affect, especially signs and symptoms of depression in response to their child's homicide death. (Comments illustrative of these symptoms included: "I haven't had much depth of feeling since the murder", and, "I can't feel anything. I feel like I am dead inside.")

6. Sleep Disturbances - Respondents in this sample group reported the following sleep pattern disturbances, in order of their frequency: (a) early morning awakening; (b) difficulty falling asleep at night; and (c) sleeping more often than usual. (Comments

illustrative of such sleep pattern disturbances included: "I'm addicted to sleep. It's my escape"; and, "After the murder, I couldn't sleep without pills.")

7. Guilt About Surviving When Others Have Not - Respondents in this sample group reported feelings of "survivor guilt" specific to two major issues: (1) their perception of themselves as having failed as parents because of their inability to prevent their child's murder; and, (b) their belief that the natural order of life, in which children survive their parents, had been violated as a result of their child's tragic and untimely death. (Comments illustrative of these two survivor guilt themes included: "I was at a friend's house at the time, I feel that if I were at home, I could have prevented it"; I did not promptly help her repair her car which stalled the night of the murder. She was forced to hike home and was picked up by the murderer. I intended to repair the car (pay for it) but, I waited too long"; and, "I don't know why he was killed, or by whom. I wish I could have protected him. He was too young to die. Parents aren't supposed to bury their children.")

8. Avoidance of Activities that Arouse Traumatic Recollections of the Event - Respondents in this sample group often reported avoiding situations, which they in some way associated with the event of their child's murder. (For example, one mother said, "I find it hard to go to church now because, everytime I go to Mass, I see his coffin up at the altar"; and, "I can't have sex with my husband anymore because everytime he touches me, I think of my daughter and what the rapist did to her.")

9. Memory Impairment and Trouble Concentrating - Respondents in this sample group frequently reported some degree of impairment of both their memory and their concentration, following their child's murder. (Comment illustrative of this symptom included: "My husband's employer terminated him without pension. Said he was preoccupied with the murder"; and, "I find it hard to concentrate on my job duties, and am on a month's sick leave at present for this problem.")

10. Intensification of Symptoms by Events That Symbolize or Resemble the Traumatic Event - Finally, respondents in this sample group reported an intensification of their post-murder symptamatology in response to a variety of external events, which either symbolized or resembled, their child's murder. (For example, one mother stated: "I hate Halloween. My son's body was found in a desert area, badly decomposed, a week after he was murdered. Every year, when I see the skeletons at Halloween, it reminds me of my son and of what he must have looked like, and it stirs it up all again for me"; and, another mother stated, "I'm still not over my daughter's death. She was an identical twin, thus her surviving sister serves as a constant reminder to me.")

Socio-Environmental Factors

Murder affects more than just the relatives, friends, colleagues, and personal acquaintances of the victims; it also effects the mental health and social structure of entire communities, and even, of society at large. Cazenave (1981, p. 80) has noted that"...in a violent society, we are all victims. Psychologically, we are intimated and our fear may be even greater than the harm that is likely to come to us." The September 1980 Figgie Report on Fear of Crime (in Leo, 1981, p. 29) has

suggested that it is our fear of crime that impedes our ability as a society to cope with this problem. Ross (1969, p. 11) has commented upon the tendency of individuals to increase their psychological defenses manifoldly, when they perceive their physical abilities to defend themselves as threatened or compromised. Michalowski (1976, p. 83) has observed that while "death is an absolute, the social responses to it demonstrate considerable variation. This variation exists because it is not only the death itself, but the manner of dying, which determines the social meaning of any death". Thus, it seems obvious that it is not only the nature of the stressor (i.e., the murder) but, the social meanings ascribed to it which unite to render death by homicide a particularly difficult form of bereavement. Bowman (1980) in her study of the reactions of surviving family members of homicide victims noted that "isolation of the bereaved" and "victim-blaming" were two mechanisms frequently employed by others to defend themselves against the feelings of fear and vulnerability which a homicide invites.

Burgess (1975, pp. 391-198) has noted that before one can accept oneself as a victim, one has to first be legitimzed as such by others. In the case of homicide, the surviving family members literally become co-victims with their deceased loved one; in that, it is they, not the victim who go on to deal with the police, the courts, the media, and the reactions of society at large to this crime. If one accepts the premise that the child is viewed by the parent as an extension of him/herself, then indeed, a part of the self is killed when one's child is murdered. Yet, this validation of the victim as a victim, or of surviving family members as co-victims, which Burgess (1975, pp. 391 - 398) has asserted is so terribly important, rarely occurs in the case of homicide. In fact, all too often, surviving parents of child homicide victims suffer

repeated, additional trauma as a result of their interactions with other relatives, friends, colleagues, police, clergy, clinicians, court personnel, and members of the mass media which serve to compound their trauma and impede their recovery. The National Organization of Victim Assistance has identified four reactions commonly exhibited toward crime victims and their significant others which result in such "secondary injury": (1) isolation; (20 blame; (3) stigmatization; and (4) injustice.

Violence brings us face to face with our own powerlessness and vulnerability, with the grim realities of injustice and cruelity, and with the tenuousness of our beliefs regarding the decency of humanity, the security of the social order, and the sanctity of human life. Parents of child homicide victims, unable to prevent one murder, all too clearly recognize their inability to shield themselves or their other surviving children, from a similar tragedy. Feelings of powerlessness, vulnerability, and injustice are both, nurtured and supported when: (1)representatives of the mass media intrude into the homes and funeral services of these surviving parents, air repeated file footage of the crime scene, and print accounts of the murder which serve to sensationalize its horror or cast doubt upon the character of the victim; (2) law enforcement personnel evade the questions of surviving parents or fail to keep them informed as to the status of the investigation into their child's murder; (3) they themselves experience unwanted symptoms/reactions which exceed both their understanding and their control; (4) previously existent sources of social network support are withdrawn or diminished; (5) district attorneys fail to notify them of scheduled court appearances or postponements; and (6) they try to negotiate a complex legal system which they do not understand, which does not allow them the right to express their emotions, and which focuses primarily on the issue of the

offender's guilt or innocence, rather than on the fact that a life has been taken.

In addition to dealing with feelings of powerlessness, vulnerability, and injustice; surviving parents of child homicide victims also face the task of integrating the violence associated with their child's death into their resolution of this loss, their re-definition of society, and the re-evaluation of the meaning and purpose of life. Initially, a period of "psychic numbing" occurs which serves to protect these surviving parents from the overwhelming affect associated with their child's murder, as does their involvement in a myriad of activities associated with their child's murder. Such surviving parents may continue to ward off some of the painful affect associated with their child's death, and also, attempt to regain some feelings of control, by focusing their energies onto the issues of suspect apprehension and conviction. This externalization of affect is useful, in that, it enables these parents to "do something" for their deceased child; thus, in a sense, helping to validate his/her existence through efforts to assure that justice is served. Such surviving parents typically express a need to know, and to repeatedly discuss, the details of their child's murder as part of their effort to try to make some sense out of this tragic event. Social isolation may either precede or follow their preoccupation with the details of their child's murder, and their extensive involvement in investigatory and court-related activities. Symptoms of post-traumatic stress disorder are frequently exaccerbated when a suspect is arrested or criminal court proceedings are begun, because it is at these points in time, that the accused becomes a "real" person in the life history of these surviving parents, and thus, must be incorporated into their conceptualization of this event. Loss reactions are often intensified after the offender has been sentenced, because previously existent

external outlets for dealing with the painful affect associated with their child's death become dimished or eliminated; thereby, allowing the inward processes of grieving to occur. Although the social and existential implications of murder seem to irreversibly alter the survivors' view of life and of society, resolution of this type of loss is more likely to occur if the bereaved feels that justice has been served in the criminal justice system, and that, the importance of the victim's life has been validated. Complete closure is difficult to achieve in cases of homicide, partially because the most severe criminal sentences (i.e., the death penalty and life imprisonment) carry automatic appeals, and the "lighter" ones, often leave surviving relatives with a felt need to appear at parole hearings in order to try and prevent the early release of the offender; both of which serve to re-open the emotional wounds of these surviving parents for an extended period of time.

This paper has attempted to outline the scope of the problem of murder in our society, the psychological sequelae typically experienced by surviving parents of child homicide victims, and the socio-environmental factors which serve to compound the trauma and impede the recovery of these surviving parents. Clearly, no single research study can adequately reflect the full range of multiple losses or the emotional anguish which parents whose children have been murdered experience; therefore, further, more focused research studies are needed if the complex processes which accompany such losses are to be more clearly elucidated. At present, it appears that surviving parents of child homicide victims experience symptoms of chronic, Post-Traumatic Stress Disorder with sufficient frequency to meet the specified criteria; and that, this syndrome, acts in concert with a variety of other socio-environmental factors, to alter and prolong the grieving process; in many cases, until criminal court proceedings and sentencing have been completed.

A recently popularized song for world hunger has applicability to the problem of violent crime in our society. Its lyrics read:

"We are the world, we are the children
We are the one's who make a brighter day
So let's start giving
There's a choice we're making
We're saving our own lives
It's true we'll make a better day
Just you and me." (Jackson and Richie, 1985)

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